

# Organizational Tool Kit

To get organized, place each of these documents into a file folder with this checklist. Place a check next to the item when you have added it to your tool kit. Then, be sure to store this organizational tool kit in an easily accessible, safe location, known to as few people as is practical and secure.

## My Vital Information

- FULL NAME \_\_\_\_\_
- BIRTH DATE \_\_\_\_\_
- PLACE OF BIRTH \_\_\_\_\_
- SPOUSE FULL NAME \_\_\_\_\_
- SPOUSE BIRTH DATE \_\_\_\_\_
- ADDRESS \_\_\_\_\_  
\_\_\_\_\_
- PHONE NUMBER \_\_\_\_\_
- MOBILE NUMBER \_\_\_\_\_
- EMERGENCY CONTACT PERSON AND NUMBER \_\_\_\_\_  
\_\_\_\_\_
- OTHER \_\_\_\_\_

## My Identification Documents

- CERTIFIED BIRTH CERTIFICATE
- COPY OF MY DRIVER'S LICENSE
- PASSPORT
- CERTIFIED MARRIAGE CERTIFICATE
- CERTIFIED DIVORCE DECREE
- CERTIFIED NATURALIZATION DOCUMENT
- OTHER \_\_\_\_\_

## My Federal Documents

- SOCIAL SECURITY CARD
- CERTIFIED DD214 OR CERTIFIED DISCHARGE
- CIVIL SERVICE ID CARD
- MILITARY ID CARD
- VA BENEFITS DECISION LETTERS
- OTHER \_\_\_\_\_

## My Income Sources

- SOCIAL SECURITY
- SUPPLEMENTAL SECURITY INCOME
- VETERANS BENEFIT
- MILITARY RETIREMENT
- FEDERAL RETIREMENT
- STATE RETIREMENT
- PRIVATE PENSION
- INVESTMENT INCOME
- OTHER: \_\_\_\_\_

## My Financial Documents

- BANKING  
*(list institution and account numbers for each)*
  - CHECKING \_\_\_\_\_
  - SAVINGS \_\_\_\_\_
  - OTHER \_\_\_\_\_
  - OTHER \_\_\_\_\_
  - SAFE DEPOSIT BOX KEY AND LOCATION \_\_\_\_\_
- COPY OF CREDIT CARDS (FRONT ONLY)
- PENSION \_\_\_\_\_  
*(list company and contact information)*
- INVESTMENT ACCOUNTS  
*(list institution and account numbers for each)*
  - RETIREMENT ACCOUNTS (401K, 403B, 457)
  - IRAS
  - MONEY MARKET ACCOUNT
  - OTHER INVESTMENT ACCOUNTS
- LOANS  
*(list institution and account numbers for each)*
  - HOME MORTGAGE
  - SECOND MORTGAGE
  - AUTOMOBILE LOAN
  - SECOND AUTOMOBILE LOAN
  - OTHER LOANS (INCLUDING ANY AS CO-SIGNOR)
- INSURANCE  
*(list institution and account numbers for each)*
  - HOME
  - AUTOMOBILE
  - LIFE
  - DISABILITY INSURANCE
  - OTHER \_\_\_\_\_

## My Property Documents

- TITLES (VEHICLES)
- DEEDS (PROPERTY)
- HOUSEHOLD INVENTORIES (LISTS/PHOTOS — HOUSE HOLD ITEMS, ANTIQUES, JEWELRY, HEIRLOOMS, ETC.)
- BURIAL PLOT (CEMETERY & PLOT NUMBER — CONTRACT OR DEED)
- SAFETY DEPOSIT BOX INVENTORY
- OTHER: \_\_\_\_\_
- OTHER \_\_\_\_\_

## Other Legal Documents

- WILL, INCLUDING:
  - NAME OF ATTORNEY & FIRM/CONTACT INFO
  - NAME OF EXECUTOR AND CONTACT INFO
  - CODICIL
- LIVING WILL/ADVANCED MEDICAL DIRECTIVE
- POWER OF ATTORNEY DOCUMENTS
- SPOUSE'S DEATH CERTIFICATE
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_

## Medical Information & Documents

- PRIMARY PHYSICIAN NAME AND CONTACT \_\_\_\_\_
- DURABLE POWER OF ATTORNEY FOR HEALTH PURPOSES
- PRIMARY MEDICAL INSURANCE CARD
- SECONDARY MEDICAL INSURANCE CARD
- FEDERAL EMPLOYEE HEALTH BENEFIT CARD
- MEDICARE CARD
- MEDICARE PART D CARD
- TRICARE CARD
- VA (VETERANS AFFAIRS) ID CARD
- PRESCRIPTION DRUG CARD
- LONG-TERM CARE INSURANCE POLICY
- DENTAL INSURANCE
- VISION INSURANCE
- OTHER \_\_\_\_\_

## Other Personal Information

- FAMILY MEMBERS (NAMES, CONTACT INFORMATION)
  - SPOUSE \_\_\_\_\_
  - CHILD \_\_\_\_\_
  - CHILD \_\_\_\_\_
  - CHILD \_\_\_\_\_
  - CHILD \_\_\_\_\_
- RELIGIOUS (AFFILIATION, LOCATION AND CONTACT) \_\_\_\_\_
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_